9679

AVID

Notification of Death

Fax to: (206) 685-7569
or (800) 253-6404

Affix Patient ID # Here

This form should be FAXed to the Clinical Trial Center within 24 hours of discovery of death.

1 Date of death:

Month / Day / Year

2 Preliminary assessment of cause of death:

The following should not delay the faxing of this form. If unsure, mark "Don't know".

autpsy17
inRT18

3 Was an autopsy performed? *(If yes, submit results with records documenting death)*

○ Yes ○ No ○ Don't know
1 0 2

icdint17
inRT18

4 Was the ICD interrogated after death? *(If yes, submit results with records documenting death)*

○ Yes ○ No ○ Don't know ○ No ICD
1 0 2 3

explnt17
inRT18

5 Was the ICD explanted after death? *(If yes, submit to manufacturer for evaluation)*

○ Yes ○ No ○ Don't know ○ No ICD
1 0 2 3

Signature of person filling out this form

code number

For Clinical Trial Center Use Only:

CTC Code | Yes ○ | No ○ | 2 1 7 0 2 0 0

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